

**CABINET MEMBER FOR HEALTH AND WELLBEING
5th December, 2011**

Present:- Councillor Wyatt (in the Chair); Councillors Buckley and Steele.

Apologies for absence were received from Councillors Jack and Pitchley.

K32. MINUTES OF PREVIOUS MEETING

Resolved:- That the minutes of the meeting held on 7th November, 2011, be approved as a correct record.

K33. HEALTH AND WELLBEING BOARD

The Chairman gave a brief resume of the items discussed at the October meeting of the Health and Wellbeing Board including:-

Health Inequalities Summit
Armed Forces Community Covenant

It was noted that the Summit had been held on 1st December. It had been very well attended and had received good feedback. The challenge now was to take away the findings and draw up a framework for the work in the local areas in terms of what needed to be addressed initially before the more detailed local issues.

The next meeting was to be held on 7th December, the agenda for which included:-

Presentation by NHS Doncaster regarding Mexborough Montague Hospital
Rotherham Community Stadium
Sport England
Diabetes Scrutiny Review
Food Availability in Rotherham
Winter Plan
Integrated Strategic Needs Assessment

K34. DRINKING ALCOHOL IN ROTHERHAM

Anne Charlesworth, Head of Alcohol and Drug Strategy Team, Public Health, gave the following powerpoint presentation:-

- Specialist Alcohol Commissioning Meetings Feedback
- Benchmark Activity
 - Benchmark Rates of Alcohol Misuse
 - o Hazardous and harmful drinkers – rate per 100,000 population – 47,606
 - o Harmful drinkers – rate per 100,000 population – 7,475
 - o Dependent drinkers – rate per 100,000 population 5,115
 - Specialist Alcohol Treatment Services
 - o Number of people with alcohol dependence
 - o Current percentage receiving specialist treatment – 522

- Future percentage receiving specialist treatment – 767
- Alcohol-related Hospital Admissions
- Alcohol-related hospital admissions – rate per 100,000 population – 4,254
- Some of the latest initiatives
 - Call it a Night website (now includes screening tool for use by anyone to assess what constitutes increasing risk by young people drinking behaviour, can be used by young people and in education settings)
 - Picking up young people (16-20 years of age) presented at Accident and Emergency and making sure School Nursing follow this up (or Specialist Services if 16-18 years of age)
 - Alcohol Awareness Week events
 - Staff training (including staff at Hellaby and Hargreaves Colliery) via the commissioned workplace initiative with Lifeline
 - Identifying alcohol use levels via Police Custody Suite
 - Street Pastors have a crucial role in reducing alcohol-related harm
- Alcohol Services
 - Currently 1 of 4 areas undertaking National Payment by Results pilot for Department of Health
 - From next year will increase target to include more ‘problem’ drinkers and more ‘Tier 2’ intervention
 - Staff numbers reduced
 - Primary Care Scheme now includes all but 5 practices
 - Lifeline continue to exceed targets to offer assessments and interventions, both stood alone and to support NHS agenda
 - Case management of high impact users of hospital and ambulance services
 - Improved collaboration between hospital care and specialist services

Discussion ensued on the presentation with the following issues raised/clarified:-

- The 5 practices that had declined the Service were all small practices
- Currently services were commissioned through NHS Rotherham in collaboration with the Rotherham Partnership. However alcohol was a much wider strategic issue and felt should be included on the Health and Wellbeing agenda
- A recent event at the Lifeline Centre had centred on alcohol, with parents invited, and the 2 scenarios by Crucial Crew had been around alcohol and cannabis. Drugs and alcohol education in schools was an issue due to shrinking resources
- A number of young people said they got the alcohol from home
- Difficult to get across how much a unit of alcohol was

Resolved:- That the presentation be noted and referred to the Health and Wellbeing Board.

Alison Iliff, Public Health Specialist, presented proposals for making Rotherham a British Heart Foundation Heart Town.

The British Heart Foundation (BHF) wanted to establish 50 Heart Towns across the United Kingdom mobilising communities to help prevent and fight circulatory and heart disease. BHF wished to build on existing relationships within the Borough and establish Rotherham as 1 of the first 50 Heart Towns and the first in South Yorkshire.

Becoming a Heart Town would put an increased focus on cardiovascular disease, increasing awareness of risk factors and improving the health and wellbeing of the community. The initiative aimed to bring communities together through local fundraising and volunteering as well as raising awareness of heart disease and offering residents a range of support services including school initiatives, workplace health and lifestyle information resources.

BHF would provide access to its information and training resources and organise a 'One Day' fundraising initiative to support their Mending Broken Hearts Appeal. A BHF team of staff and volunteers for Rotherham would co-ordinate local activity. Heart Town status was a 5 year commitment.

To become a Heart Town, Rotherham would have to commit to:-

- Signing a community pledge with BHF agreeing to become a Heart Town for a 5 year period
- Adopt Heart Town branding
- Working with BHF, create a Heart Town ride/walk/run in the centre of town
- Support BHF work in schools, businesses and the community
- Support BHF fundraising and volunteering initiatives

Resolved:- (1) That the proposal for making Rotherham a British Heart Foundation Heart Town be supported.

(2) That the report be referred to the Cabinet for approval.

K36. SPORT ENGLAND

The Chairman submitted Sport England information from their Our Active People Survey which provided local level data on sporting participation.

The mini sport profile gave key sporting data for the local authority area, the costs of inactivity and maps modelled on participation data and obesity data showing any direct correlation. The Active People Survey and Local Sport Profiles were valuable tools when developing or refreshing the Joint Strategic Needs Assessment.

Sport for England's existing work through Places People Play would bring the sporting legacy to life, delivering better facilities, more volunteers and greater access to a variety of sport across the whole country. More information on Places People Play could be found at www.sportengland.org.

The Local Sport Profile showed:-

- 19.9% of adults in Rotherham took part in sport and active recreation – national average 22%. 53.6% of adults did no sport or active recreation at all
- 3.7% adult residents were regular sports volunteers – national average 4.5%
- 21.1% were members of sports clubs – national average 23.9%
- The health costs of inactivity in Rotherham was at least £4.4M per year
- Sport contributes economically to the community with 55 businesses trading in sporting goods or services
- Youngsters who were active had numeracy scores, on average 8% higher than non-participants

Resolved:- That the report be noted.

K37. FOOD SERVICE PLAN 2011 REPORT

Alan Pogorzelec, Manager, Business Regulation, submitted the Food Service Plan 2011/12 and the performance of the Food, Health and Safety Team.

The Food, Health and Safety Team, in relation to food hygiene and food standards, during 2010/11, had outturned at:-

Number of high risk food A and B hygiene inspections carried out [% of those due for inspection]	203 (100%)
Number of category A food standards inspections carried out [% of those due for inspection]	10 (100%)
Number of category C and D food hygiene inspections carried out [% of those due for inspection]	839 (100%)
Number of category B food standards inspections carried out [% of those due for inspection]	139 (53%)
Number of food hygiene revisits	504
Number of Hygiene Improvement Notices served	66
Number of Hygiene Prohibition Notices served	5
Number of premises voluntarily closed	0
Number of service requests received	477
Number of samples taken	146
Number of infectious disease notifications received	899
Number of food alerts received	6
NI 184 Broadly compliant	81%

	[target 82%]
<p>The Team had been actively involved in:-</p> <p>Comprehensive focussed audit carried out by the Food Standards Agency followed by an action to address the findings. These had all been delivered and was now preparing for a reassessment by the Agency</p> <p>Development and implementation of a comprehensive performance monitoring framework. Performance information was now reported to the Director on a monthly basis</p> <p>Alternative Enforcement Strategy</p>	

It was noted that, at a time when resources were stretched across the Council, food hygiene inspections outturned at 100% at the end of October, 2011, due to a robust performance management framework.

Originally, the Food Standards Agency was to have revisited the Authority in May, 2011. The visit had been rescheduled a number of times but there was now a suggestion that, due to the information, action plan and supporting documentation supplied, the Agency may be happy to conduct a desk top assessment.

Resolved:- (1) That the Food Service Plan for 2011/12, a statement requirement of the Framework Agreement, be noted.

(2) That the performance of the Food, Health and Safety Team be noted.